APPENDIX 1 – INTERVIEW TEMPLATE

Date of interview:	
Interviewee:	
Interviewer:	

Suggested opening:
'Thank you for taking time out to speak with me today. I understand that this is a very busy time and I appreciate the opportunity to discuss your recent experiences. We are attempting to identify and share lessons regarding:

- the challenges faced by your department since the your 1st COVID patient
- the transformation of your department in response
- 'lessons learned' in the process

This information will be invaluable to other units across England to learn and prepare for upcoming surge in their part of the country.

To disseminate this learning, we plan to publish anonymised information on the NHS England website in the coronavirus secondary care section.

In order to rapidly distribute this information please let us know if you would be happy for us to contact your trust executive and/or communications team to ensure the necessary clearances are in place

Situation	
Hospital name	
Hospital descriptor	
ED type (1-3 e.g. Type 1 includes Majors)	
Additional services on- or off-site (e.g. Minors / GP)	
Typical attendances in 24hrs	
ICU capacity (Level II/III)	

Timeline of surge (please include approximate dates if known)	
Pre-surge indicators (e.g. network ICU's activity, information from PHE)	
Preliminary plans for surge management	
1st COVID presentation	
1st COVID admission	
Department redesign (hot/cold)	
Normal ICU capacity reached	
Ambulance divert (no. of divert periods)	
Major Incident declared	

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Please use the below as a framework to guide the interview process exploring the challenges in a number of different aspects, including workforce, clinical processes, equipment, communication and wellbeing.

What do you think were the main rate limiting factors for patient management during your recent COVID surge?

WORKFORCE

- **Leadership** – Was there a change in the leadership structure e.g. increased out of hours consultants on site? How were roles arranged and assigned? Impact of non-ED leadership e.g. O&G leading O&G emergencies directly (impact on governance)
- **Rota** – Please describe any rota challenges e.g. impact of hot / cold as well as traditional dept breakdown, shift pattern, sickness, rota gaps, leave?
- **Redeployed staff** – How were you affected by redeployment of staff, both in and out of department? Was this exacerbated by Nightingale? Did this additionally impact on nursing and AHP?
- **Intubation/ resuscitation team** - Do you have a designated intubation / resuscitation team within the trust? Did this impact on staffing – positively or negatively?
- **Other designated team** - What other special designated teams have you set up e.g. for NIV?

CLINICAL PROCESS & CARE DELIVERY

- COVID / non-COVID – How did you identify and segregate pts (hot / cold)? Did you employ Rapid Assessment Triaging?
- How frequently are you reviewing hot / cold areas and processes as presentations change over time?
- Did you employ 'front of house' triage? How easy was accessing specialty input / consults?
- What are your admission pathways? Was the pathway clearly defined?
- What was the process for arranging any follow-up for discharged patients?
- How was the escalation to ICU arranged for both COVID and non-COVID?
- COVID
  - **Admission criteria** – Did you utilise any criteria for deciding on which pts should be admitted and those who could be discharged?
  - **Expansion of capacity** – Was your trust able to expand bed capacity? Did this improve flow through ED? Did the expansion impact on non-COVID service?
  - **Clinical procedures** – How are clinical procedures carried out esp. AGPs? What PPE guidance was followed?
  - **Resuscitation** – What is your resuscitation process like?
  - **Patient Flow** – Esp. to ICU e.g. patients in recovery for extended periods?
  - **Patient destination** – How do you manage patient discharge and destination? What follow-up was arranged? What was the impact of Nightingale?
- Non-COVID
  - How do you manage non-COVID patients? Did your admission criteria alter?
  - Did you relocate any services e.g. Minors, O&G?
  - Patient flow – access to opinions imaging? Discharge follow-up arrangements
  - Barrier from COVID (hot / cold areas)
  - Management of suspected COVID vs confirmed COVID

Sensitive topics- only ask if you have built good rapport

- Withdrawal of care – Are there any local withdrawal of care / DNAR guidelines?
- How were details of decision documented?

TRAINING

- **Induction** – Was there an induction / briefing for your existing team & / or redeployed staff?
- **Simulation & e-learning** – How was your team trained to manage COVID e.g. simulation training, e-learning?
- **PPE** – Did your team receive training in PPE?
- **Guidelines** – How easily accessible are local guidelines and protocols?

EQUIPEMENT, PPE & OTHER RESOURCES

- **Equipment** – How do you source and manage your equipment e.g. PPE, consumables, drugs, O2 and delivery, IT infrastructure? Staff uniform e.g. scrubs?
- **Innovative ideas** – How do you deal with shortages?
- **Escalation** – What was your escalation process for shortage of equipment and PPE?

COMMUNICATION & PRESCRIBING

- **Information dissemination** – How was information disseminated within departments and during handovers? Clinical alerts – local / regional / national?
- **Verbal communication** – How do you communicate with team members esp. in PPE? Communication between teams – bleep / mobile / walkie-talkie?
- **Documentation** – How was documentation managed esp. in PPE? How were transfers to Nightingale documented? Where special arrangements made for death certification?
- **Prescribing** – How was prescribing managed esp. in PPE?
- **Family communication** – How do you communicate with family and relatives? Were family / companions permitted in department?
- **IT infrastructure** – What IT infrastructure is available to support communication and are there any associated challenges?

WELLBEING

- **Rest facilities** – What rest facilities on-site and off-site are available?
- **Food and hydration** – How accessible are food and hydration, particularly when in PPE?
- **Toilet facilities** – How accessible is toilet facilities? How do staff manage in PPE?
- **Psychological support** – What psychological and pastoral support is available?
- **Safety and travel** – How do your staff travel to work and back home?

OTHER

- List any further challenges not covered elsewhere
- Please list any advice you would give to other units

Please list any changes you hope to continue / embed after COVID-19

Use the below to record responses.

CHALLENGE	CHANGE	IMPACT
WORKFORCE		
CLINICAL PROCESS & CARE DELIVERY		
TRAINING		
EQUIPEMENT, PPE & OTHER RESOURCES		
COMMUNICATION & PRESCRIBING		
WELLBEING		
OTHER		
CHANGES TO BE CONTINUED		

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